

D Voice Precancerous Lesions

Record ID

1. Gold Standard Diagnosis

Does the patient have a precancerous vocal fold lesion confirmed by laryngoscopy/stroboscopy?

- ☐ Yes
☐ No
☐ Not certain

Does the patient have a precancerous vocal fold lesion confirmed by biopsy/pathology?

- ☐ Yes
☐ No
☐ Not certain

2. Disease Subtype

What is the diagnosis?
(Select all that apply).

- ☐ Keratosis
☐ Leukoplakia
☐ Erythroplakia
☐ Other

Keratosis

- ☐ With dysplasia
☐ Without dysplasia

Keratosis with dysplasia

- ☐ Low grade
☐ Moderate grade
☐ High grade

Leukoplakia

- ☐ With dysplasia
☐ Without dysplasia

Leukoplakia with dysplasia

- ☐ Low grade
☐ Moderate grade
☐ High grade

Erythroplakia

- ☐ With dysplasia
☐ Without dysplasia

Erythroplakia with dysplasia

- ☐ Low grade
☐ Moderate grade
☐ High grade

Other, please specify

3. Etiology

Does the patient have the following risk factors?
(Select all that apply).

☐ Past or present smoking
☐ Laryngopharyngeal reflux
☐ Other irritants

Other irritants

4. Disease Severity

Location of lesion(s)
(Select all that apply).

☐ Right vocal fold
☐ Left vocal fold
☐ Both vocal folds
☐ Ventricular folds (right or left)
☐ Subglottal areas

Degree of dysphonia

Clinician places slider between 0 and 100; indicates C or I. "Indicate the nature.." and Additional features responses are free text. Comments about resonance: Indicate normal or Other, if other then free text

Legend: C- Consistent I = Intermittent
MI = Mildly Deviant
MO = Moderately Deviant
SE = Severely Deviant

Overall Severity

MI MO SE

(Place a mark on the scale above)

Overall Severity

☐ Consistent ☐ Intermittent

Roughness

MI MO SE

(Place a mark on the scale above)

Roughness

☐ Consistent ☐ Intermittent

Breathiness

MI MO SE

(Place a mark on the scale above)

Breathiness

☐ Consistent ☐ Intermittent

Strain

MI MO SE

(Place a mark on the scale above)

Strain

☐ Consistent ☐ Intermittent

Pitch

MI MO SE

(Place a mark on the scale above)

Pitch

(Indicate the nature of the abnormality):

Pitch	<input type="radio"/> Consistent <input type="radio"/> Intermittent
Loudness	<div> <div>MI</div> <div>MO</div> <div>SE</div> <div> </div> <div> (Place a mark on the scale above) </div> </div>
Loudness (Indicate the nature of the abnormality):	_____
Loudness	<input type="radio"/> Consistent <input type="radio"/> Intermittent
Comments about resonance	<input type="radio"/> Normal <input type="radio"/> Other
Please specify	_____
Additional Features (for example, diplophonia, fry, falsetto, asthenia, aphonia, pitch instability, tremor, wet/gurgly, or other relevant terms):	_____

5. Treatment obtained

Has the patient undergone any treatment for this condition?	<input type="radio"/> Yes <input type="radio"/> No
Select all that apply:	<input type="checkbox"/> Surveillance only (previous diagnosis) <input type="checkbox"/> Laser resection <input type="checkbox"/> Laser ablation <input type="checkbox"/> Microlaryngeal surgery without laser <input type="checkbox"/> Radiotherapy for persistent or recurrent lesions <input type="checkbox"/> Voice/speech therapy <input type="checkbox"/> Other
Other, please specify	